



CITY OF STAMFORD
PROPERTY TAX REFUND/TRANSFER FORM

APPLICANT

RECIPIENT (if different)

(NAME OF INDIVIDUAL OR BUSINESS)

(NAME OF INDIVIDUAL OR BUSINESS)

(NUMBER AND STREET ADDRESS)

(NUMBER AND STREET ADDRESS)

(CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE)

(CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE)

I REQUEST A (select one) ☐ REFUND or ☐ TRANSFER OF MY TAX PAYMENT(S) FOR THE FOLLOWING REASON -
PLEASE NOTE STATE-MANDATED DEADLINES INDICATED BELOW AS PER CONNECTICUT GENERAL STATUTES.

SEC. 12-126 NO LIMIT SEC. 12-127 WITHIN ONE (1) YEAR SEC. 12-128 WITHIN SIX (6) YEARS SEC. 12-129 WITHIN THREE (3) YEARS

☐ SEC. 12-126 TANGIBLE PERSONAL PROP. ASSESSED IN MORE THAN ONE TOWN

☐ SEC. 12-127 EXEMPTION NOT APPLIED

☐ SEC. 12-128 TAXES COLLECTED FROM VETERANS IN ERROR

☐ SEC. 12-129 DUPLICATE / EXCESS PAYMENT(S)

☐ SEC. 12-129 MOTOR VEHICLE ADJUSTMENT, C/E # _____

☐ SEC. 12-129 WRONG ACCOUNT PAID
CORRECT ACCOUNT # _____

☐ REFUND AMOUNT FROM ACCOUNT ID NUMBER(S) LIST NUMBER(S) LIST YEAR(S)

\$ _____

☐ TRANSFER AMOUNT FROM ACCOUNT ID NUMBER(S) LIST NUMBER(S) LIST YEAR(S)

\$ _____

BALANCE DUE (if any) TO ACCOUNT ID NUMBER(S) LIST NUMBER(S) LIST YEAR(S)

\$ _____

I ATTEST, TO THE BEST OF MY KNOWLEDGE, THAT THIS REFUND/TRANSFER IS DUE SOLELY TO ME AS I HAVE MADE THE PAYMENTS DESCRIBED ABOVE, FOR MY BENEFIT FROM FUNDS UNDER MY CONTROL. NO OTHER INDIVIDUAL OR ENTITY SHALL LAY CLAIM TO THIS REFUND/TRANSFER. FAILURE TO COMPLY WITH SAID PROCESS SHALL RESULT IN DELAY OR REJECTION OF THIS REQUEST.

SIGNED: _____ BY (PRINT NAME): _____

DATE: _____, 20____ E-MAIL: _____ PHONE #: _____

OFFICE USE ONLY - VERIFICATION OF DOCUMENTATION

SIGNED BY TAXPAYER / AGENT / OFFICE YES ☐ NO ☐
YEAR ACCOUNT ID #, AMOUNT VERIFIED YES ☐ NO ☐
PROOF OF PAYMENTS / RECEIPTS YES ☐ NO ☐
CORRECT ACCOUNT CURRENT YES ☐ NO ☐
DELINQUENT TAXES YES ☐ NO ☐

LETTER FOR THIRD PARTY PAYMENTS (ON LETTERHEAD) YES ☐ NO ☐
LENDER DISBURSEMENT VOUCHER (IF REQUIRED) YES ☐ NO ☐
CLOSING STATEMENT (IF REQUIRED) YES ☐ NO ☐
M² MARKER PLATE # _____

PREPARED BY: _____ DATE: _____ BREAKDOWN: TAX _____ INTEREST _____

TRANSFER AMOUNT: _____ BY: _____ DATE: _____ REFERENCE #: _____

REFUND AMOUNT: _____ BY: _____ DATE: _____ REFERENCE #: _____

APPROVAL: _____

MAIL TO: CITY OF STAMFORD
TAXATION SERVICES – REFUNDS
P. O. BOX 10152
STAMFORD, CT 06904-2152

FAX TO: TAXATION SERVICES
REFUND PROCESSING
(203) 977-5898



**CITY OF STAMFORD
OFFICE OF THE TAX COLLECTOR**
888 Washington Boulevard
P.O. Box 10152
Stamford, CT 06904-2152
Telephone: (203) 977-5888

Dear Taxpayer,

Please be advised that you are required to submit the following information, as outlined below, before we are able to process your request for a Refund or Transfer of Property Taxes which could take up to 12 weeks to process and the process begins **after** all required documents are received.

An APPLICATION FOR REFUND/TRANSFER OF PROPERTY TAXES has been enclosed for your convenience. Please read this carefully and be sure that it is signed, per Connecticut General Statute.

If your request is for a TRANSFER (to be applied to delinquent or current taxes), please write the word TRANSFER in the upper right hand corner of the application.

Attach copies of all canceled checks* (front and back) and/or copies of validated receipts for the payment(s) for which a refund or transfer is requested. If the check was for payment for multiple tax bills (i.e., mortgage company), a copy of the original disbursement page/payment instructions must be included, highlighting the payment. If paid through Official Payments via phone or online we will need a copy of the credit card statement or bank statement showing payment.

If taxes were paid on your behalf by either an attorney, a bank or other financial institution, a mortgage company, or by any other individual or entity, you must submit a letter on their stationery (letterhead), verifying that you are to receive the refund or that the amount should be transferred. (It is a common occurrence for one installment of a Real Estate Tax Bill to be paid twice, particularly if ownership of the property has changed or the mortgage has been refinanced. We require this letter to avoid duplicate refund requests.)

Please note that no refund/transfer can be processed unless all appropriate steps, as outlined above, have been completed. Processing refunds could take up to 12 weeks after receipt of all required documentation. Please mail completed applications to: City of Stamford, Taxation Services, Attn.: REFUNDS, PO Box 10152, Stamford, CT 06904-2152.

*In lieu of cancelled checks, a copy of bank statement showing name, date processed and the appropriate payment amount(s).